

LIBRARY CARD APPLICATION



LINKCAT libraries - SCLS

IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____

Last

First

Middle

Name on Photo ID (complete if different than name above): _____

Birthdate: ____ / ____ / ____ Age Group: 0-17 18-61 62+

Month Day Year

Mailing Address: _____

Street, RR/Fire Number or P.O. Box

City or Village

State

Zip

County of Residence: _____ Township: _____

Residential Address: (Complete if different from mailing address)

Street, RR/Fire Number or P.O. Box

City or Village

State

Zip

Email _____

Phone (____) _____

HOLDS: I prefer to pick up my holds at: _____

(Name of Library or Bookmobile stop)

MESSAGING PREFERENCES

HOLD NOTICES

- Email (same day notification)
- Phone call (next day notification)
- Text (next day notification, via cell phone only)
- No hold notices

PRE-OVERDUE NOTICES (2 DAYS PRIOR)

- Email

OVERDUE NOTICES are a default for **all** patrons and will be delivered via email or printed and mailed.

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for lost, damaged and stolen library materials and may be overdue charges.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents, what resources are appropriate for my/our personal use.

PATRON SIGNATURE _____ **Date:** _____

FOR JUVENILES (AGE 0-13), PLEASE COMPLETE:

Parent or Legal Guardian Signature _____

Please print Parent or Legal Guardian Name: _____

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FOR LIBRARY STAFF USE ONLY:

Type of registration:

- New patron
- Address change
- Lost
- Renewal
- Name Change (Former name _____)

Staff initials/LIB verifying ID: _____

Proof of current address

Patron Category: _____

PSTAT (Sort 1): _____

Photo ID type: _____

(optional) ID #: _____

Send application to library of residence: _____

Patron has been issued card with barcode _____ from _____.